

To awaken the people in the realization of their problem, we must first learn their customs and prejudices; then win their confidence by befriending them, and helping them in the solution of other social problems.

Because of the difficulties of language and racial idiosyncracies, I believe our programs become more effective when we send out workers for home visitations and to hospitals and clinics who are of the same racial background.

When such workers are difficult to obtain, the second choice is to win the coöperation of the racial leaders of the community, the teachers of Mexican schools and Americanization teachers.

In Orange county various methods are made to reach the 50,000 persons of Mexican birth or descent. We are publishing translations and original material on general health in the form of periodicals; we provide entertainment for patients in the county sanatorium, and help them to solve personal problems; while for arrested patients, we have started an experiment in rehabilitation.

### TUBERCULOSIS AMONG CHINESE\*

ROSEMARY T. KOBES  
San Francisco

THE health program for San Francisco's Chinese is a generalized district program. It includes well-baby conferences, tuberculosis control, immunization and dental clinics. A weekly diagnostic school conference is held, and a city health department physician spends one full day a week at the Health Center, in addition to presiding at well-baby conferences. There also are a number of part-time workers at the Health Center, and four full-time nurses, two of whom are Chinese. The San Francisco Tuberculosis Association has for some years paid the salary of one of these Chinese nurses who works under the direction of the public health department.

The total attendance at the Health Center during February, 1944, was 1,414. During this month 550 tuberculous families, in some of which there were multiple cases, were carried by the Health Center. Sixty-six Chinese children are enrolled in the Hancock Health school.

\* From the San Francisco Tuberculosis Association. Synopsis of a paper read before the California Tuberculosis and Health Association in a symposium on Tuberculosis in Minority Groups, Los Angeles, March 29, 1944.

### TUBERCULOSIS AMONG THE AGED\*\*

L. L. LUMSDEN, M. D.  
New Orleans, Louisiana

A REVIEW of mortality statistics was presented, showing that the peak of the deaths from tuberculosis had changed during recent years from ages 15 to 25 to the older age groups. It was pointed out that with an aging population,

\*\* Synopsis of a paper read before the California Tuberculosis and Health Association in a symposium on Tuberculosis in Minority Groups, Los Angeles, March 29, 1944.

the reservoir of tuberculosis was in the older age groups, especially men, and that the emphasis in case-finding should be based on those groups.

### NEWS LETTER

CALIFORNIA TUBERCULOSIS AND  
HEALTH ASSOCIATION

45 SECOND STREET, SAN FRANCISCO, 5 CALIF.

The California Tuberculosis and Health Association prints monthly a four page "News Letter" which is sent free of charge to anyone interested. Application to be placed on the mailing list should be sent to the California Tuberculosis and Health Association, 45 Second Street, San Francisco 5, California.

The items which follow are excerpts from recent issues of the "News Letter".

### California Tuberculosis Deaths Total 3,878 in 1943

*Morbidity Report Shows State Has 7,879 New Known Cases of Tuberculosis*

California reported 7,879 known cases of tuberculosis and 3,878 deaths by occurrence from all forms of the disease in 1943, according to morbidity and mortality statistics issued by the State Department of Public Health.

This compares to 7,619 known cases and 3,842 deaths in 1942. The death rate has not been determined, probably in the absence of reliable population figures. Using nine months mortality figures projected on the basis of a population estimate of 7,660,000, the board previously forecast a 1943 tuberculosis death rate of 48.5 per 100,000. The provisional rate in 1942 was 50.8.

The morbidity report showed that at the time of diagnosis 20.6 per cent of the cases were minimal, 34 per cent were moderately advanced and 41.69 were far advanced. Figures in each classification vary less than two per cent from those of 1942.

In the breakdown according to age and sex, the figures show more cases among females between the ages of five through 24 than among males. Of the 2,842 known cases among females approximately 16 per cent were among those in the age group 20 through 24. From birth through age four there were more male cases, and from 25 through 55 years and upwards male cases show an increasing lead. Among males known cases, those 55 and older represent approximately 21 per cent of the 5,027 total for the sex; among females in the same group, only 11 per cent.

Mortality figures for the sexes show the highest number of female deaths in the age group, 20 through 24 and for males, 55 through 59. Each five year group for females showed more than 100 deaths per group from the ages 15 through 39. Similarly, among males each of these groups showed more than 100 deaths from 20 through 74 years. More than 200 deaths were recorded for males in each five-year group between the ages of 35 through 64.

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